Complete and send this form, together with applicable fee(s), to: Mail

PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax



appropriate All further cor	Tespondence including the below or directed otherwise	Patent, advance or	ders and not	ification of maintenance	ce fees wil	l be mailed to the current	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	590 10/28/2004	OIFE	2	have its own c			
TRASK BRITT	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope						
P.O. BOX 2550 SALT LAKE CITY, UT 84110 IAN 3 1 200				States Postal S	Service wit	th sufficient postage for fir	rst class mail in an envelope
JAN 3 20				transmitted to	the USPT	s above, or being facsimile date indicated below.	
	#	Betty V	Betty Vowles		(Depositor's name)		
RADEM			EKS	Bitter	Bitter Cowles		(Signature)
TADEBO				January 28,			(Date)
APPLICATION NO.	FILING DATE	ا مر	FIRST NAME	D INVENTOR	TOR ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/332,803	06/14/1999	Ronald V		Vogels		4075US	3357
TITLE OF INVENTION: P.	ACKAGING SYSTEMS FO	R HUMAN RECC	MBINANT	ADENOVIRUS TO BE	E USED IN	GENE THERAPY	
	/,`					•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FI	EE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	-\$700	\$0 ••	V5\V5\5\()	\$685- \$700 5 Babraha2 0000054	01/28/2005 09332803
EXAMINER		ART UNIT		CLASS-SUBCLAS	CLASS-SUBCLASS		700.00 OP
GUZO, DAVID		1636		435-463000	01 FC:250 02 FC:800)1)1	15.00 OP
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will app Γa substitute	pear on the patent. If a for filing an assignmen	an assignee nt.	is identified below, the d	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Introgene B.V. Leiden,=The Netherlands							
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	patent): 🖵 Individua	al 🖺 Corp	poration or other private gr	oup entity Government
4a. The following fee(s) are X Issue Fee			. Payment of A check	Fee(s): in the amount of the fee	e(s) is enclo	osed.	
Publication Fee (No small entity discount permitted) Advance Order - # of Copies _ 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _ 20+1469 (enclose an extra copy of this form).							
	(from status indicated above	:)	_				
	MALL ENTITY status. See					ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	ne Fee and Publicat will not be accepted ent and Trademark	ion Fee (if ar I from anyon Office.	ny) or to re-apply any p e other than the applican	oreviously p int; a registe	oaid issue fee to the applicated attorney or agent; or the	ation identified above. he assignee or other party in
Authorized Signature Della Collins				Date		ary 28, 2005	P
· —				1			

Typed or printed name Allen C. Turner Registration No. 33,041 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.